

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90207 024 \*\*\*158.75

**DOCUMENT # P00000017551**

1. Entity Name  
**UNITED FOOD MART #2, INC.**



Principal Place of Business  
**4701 W SUNRISE BLVD  
PLANTATION, FL 33313**

Mailing Address  
**4701 W SUNRISE BLVD  
PLANTATION, FL 33313**



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0987194</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**RAHMAN, MOHAMMED M  
927 NW 130TH TERR.  
SUNRISE, FL 33325**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MOHAMMED M RAHMAN, PRESIDENT** **4/19/04**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHMAN, MOHAMMED M 927 NW 130TH TERR. SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELWAR, MOHAMMED S 2445 SW 70TH TERR., #103 FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLAP, SK. 19255 NE 10TH AVE., #423 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **M. Rahman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04** **(754) 461-7867**  
Date Daytime Phone #